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STATE OF SOUTH DAKOTA

Statement of Legal Newspaper Ownership and Circulation of State

Return to: Secretary of State, 500 E. Capitol, Pierre, SD 57501-5077

1. TITLE OF NEWSPAPER The Special		2. DATE 09/29/2023
3. FREQUENCY OF ISSUE Weekly	3A. NO. OF ISSUES PUBLISHED ANNUALLY 52	3B. ANNUAL SUBSCRIPTION PRICE \$ 46 47 48
4. COMPLETE MAILING ADDRESS OF KNOWN OFFICE OF PUBLICATION (Street, City, County, State and ZIP+4 Code) (Not printers) PO Box 220 Salem, SD 57058		
5. COMPLETE MAILING ADDRESS OF THE HEADQUARTERS OR GENERAL BUSINESS OFFICES OF THE PUBLISHER (Not printers) New Century Press, INC. PO BOX 28 Rock Rapids, IA 51246-0028		
6. FULL NAME OF PUBLISHER: New Century Press		
7. OWNER (If owned by a corporation, its name and address must be stated and list on the back of this form the names and addresses of stockholders owning or holding 1 percent or more of total amount of stock. If not owned by a corporation, the names and addresses of the individual owners must be given. If owned by a partnership or other unincorporated firm, its name and address, as well as that of each individual must be given.) FULL NAME New Century Press COMPLETE MAILING ADDRESS PO BOX 28 Rock Rapids, IA 51246-0028		
8. KNOWN BONDHOLDERS, MORTGAGES, AND OTHER SECURITY HOLDERS OWNING OR HOLDING 1 PERCENT OR MORE OF TOTAL AMOUNT OF BONDS, MORTGAGES OR OTHER SECURITIES (If there are none, so state. If more space is needed, list on back of this form.)		
9. EXTENT AND NATURE OF CIRCULATION		AVERAGE NO. COPIES EACH ISSUED PRECEDING 12 MONTHS
A. TOTAL NO. COPIES (Net Press Run)		1355
B. PAID AND/OR REQUESTED CIRCULATION 1. Sales through dealers and carriers, street vendors, counter sales, and paid electronic copies.		39
2. Mail Subscription (Paid and/or requested)		1187
C. TOTAL PAID AND/OR REQUESTED CIRCULATION (Sum of 9B1 and 9B2)		1226
D. FREE DISTRIBUTION 1. BY MAIL, CARRIER OR OTHER MEANS		0
2. SAMPLES, COMPLIMENTARY AND OTHER FREE COPIES		16
E. TOTAL DISTRIBUTION (Sum of C, D1 and D2)		1242
F. COPIES NOT DISTRIBUTED 1. Office use, left over, unaccounted, spoiled after printing		113
2. Return from News Agents		
G. TOTAL (Sum of E, F1 and F2 - Should equal net press run shown in A)		1355
		1654

Statement must be signed by Publisher, Business Manager, or Owner in the presence of a Notary Public
I swear that the statements made by me are true, correct, and complete:

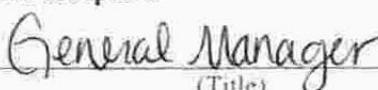


(Signature)

State of South Dakota)

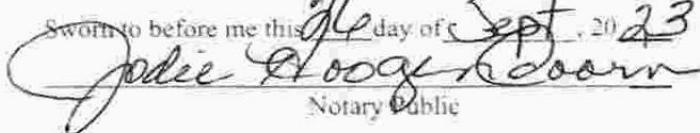
County of _____) \$

(Seal)



General Manager

(Title)

Swear to before me this 26 day of Sept., 2023

 Notary Public

My commission expires _____

